

FINANCIAL POLICY

Thank you for choosing us as your cardiologists. We are committed to providing you with quality and affordable health care. It is our policy that payment is due at the time of service unless other financial arrangements have been made. Please read this policy, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request. Please note that most forms of payment are accepted: credit card (MC, Visa, AmEx, Discover), debit card, check (including cashier's check or money order), and cash.

Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please understand that you are responsible for payment even if you are expecting insurance to cover all or some portion of the payment. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments, deductibles and co-insurances. All co-payments, deductibles and co-insurances must be paid at the time of service (excluding Medicare). This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments, deductibles and co-insurances from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. Note that you may be charged for missed appointments (see separate Appointment Cancellation policy).

Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit. Insofar as reasonably possible, you will be notified prior to the scheduled appointment if this is the case. Please remember that you are 100% responsible for all charges incurred; your physician's referral and/or our verification of your insurance benefits are not a guarantee of coverage. Some labs and other testing done at outside facilities may incur charges from those facilities.

Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance

remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. In the event payment is not made on this account and it is referred to a collection agency I/We agree to pay the collection agency fee of 33% in addition to the collections balance. Any arrangements/payments will need to be paid directly with/to the collection agency. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Payment Plan. Please let us know if you are having difficulty paying your account. We may be able to help you by setting up a payment plan based on your financial hardship. Call (480) 699-5536 for assistance.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines.

PATIENT FINANCIAL AUTHORIZATION

Please read each of the following statements carefully and sign as your authorization, understanding and agreement to each statement.

ASSIGNMENT AND RELEASE: I hereby assign my insurance benefits to be paid directly to the physician. I also authorize the physician to release any information required to process this claim to my employer, prospective employer and/or insurance carrier.

MEDICARE PATIENTS ONLY

MEDICARE BENEFICIARY ASSIGNMENT AND RELEASE: I request that payment under the medical insurance program be made either to me or to the provider named above on any bills for services furnished to me.

I authorize any holder of medical or other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.